

UNITED STATES BANKRUPTCY COURT
DISTRICT OF UTAH

In re: Scott Maxwell Scadron	Case No. 14-30968 Chapter 7
Debtor(s).	Trustee: Hunt

AMENDMENT DECLARATION

Please circle or underling amended material when appropriate.

- PETITION: _____ REOPENING: Yes _____ No _____ CONVERSION (13 TO 7): Yes _____ No _____
When changing debtor's address, please file separate change of address form.
When amending, please submit the changes/additions only!
- SCHEDULES: A _____ B _____ C _____ D _____ E _____ F x G _____ H _____ I _____ J _____
Are you changing the address, amounts, etc., or adding a creditor?
Changing _____ Adding _____ (\$30 amendment fee required for D, E, & F; OR _____ IFP Waiver)
- AMENDED AMOUNTS/TOTALS OF SCHEDULES: _____
- STATEMENT OF AFFAIRS: _____
- AMENDED CHAPTER 13 PLAN: _____

If you have amended schedules D, E, F by adding a creditor, you owe \$30.00 amendment fee. Fee attached _____ x _____

If schedules D, E, F were amended but no creditors added or adding a listed creditor's attorney, no fee necessary. No fee attached _____

Reason no fee is attached _____

It is the debtor's responsibility to notify additional creditors by sending a 341 notice and/or Discharge Order to the creditors added to the schedules/matrix.

A certificate of mailing to creditors should be filed with the Clerk's office (see below).

I declare under penalty of perjury that the information provided in this attached amendment is true and correct.

Debtor

Date

Debtor

Date

U.S. Trustee's Office and Trustee in the case supplied copies of amendment(s)? Yes X No _____
/s/ Justin Myers

ATTORNEY FOR DEBTOR(S)

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the foregoing was mailed, postage prepaid, to creditors of this estate as follows (please mark the appropriate line(s)):

- x 341 Notice to creditors added be this amendment.
____ Discharge Notice to creditors added by this amendment.
____ Amended Chapter 13 Plan to all creditors.

11/20/2014

/s/ Justin Myers

DATED

ATTORNEY FOR DEBTOR(S)

United States Bankruptcy Court
District of Utah

In re **Scott Maxwell Scadron**

Debtor

Case No. **14-30968**Chapter **7**

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	100,238.00		
B - Personal Property	Yes	3	2,850.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		210,262.84	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7		464,708.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			3,050.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,147.00
Total Number of Sheets of ALL Schedules		21			
Total Assets			103,088.00		
Total Liabilities				674,970.84	

**United States Bankruptcy Court
District of Utah**

In re **Scott Maxwell Scadron** Case No. **14-30968**
Debtor(s) Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES (28 U.S.C. § 159) - AMENDED

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 16)	\$3,050.00
Average Expenses (from Schedule J, Line 18)	\$3,147.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$3,050.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$108,324.84
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$464,708.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$573,032.84

IN THE UNITED STATES BANKRUPTCY COURT

DISTRICT OF UTAH

In re:

Scott Maxwell Scadron

Debtor(s).

AMENDED MATRIX

Bankruptcy No. 14-30968

Chapter 7

AMENDED MATRIX

\$30 Fee Required

___ IFP Waiver

File amended matrix with ONLY the amended creditors. File separate change of address form to change the debtor's address. Fee required except for change of address or adding attorney for listed creditor. Conversion? (13 to 7) ___ Yes ___ No.

It is the debtor's responsibility to notify additional creditors by sending a 341 notice and/or Discharge Order to the creditors added. A certificate of mailing should be filed with the Clerk's office (see below). If adding more than eight (8) creditors, attach a scannable list to this cover sheet rather than beginning the list on this page. The scannable list needs to be in Courier 10 pitch, Prestige Elite or Letter Gothic fonts and contain no more than four (4) lines per creditor address

Matrix: Adding X Correcting ___ Deleting ___

Please type the creditor's address(es) changes/additions below:

1.

Advanta Business Service
POB 9217
Old Bethpage, NY 11804

2.

Cardworks Servicing
101 Crossways Park West
Woodbury, NY 11797

3.

Epn Inc. Checknet
2589 S Main Street
Suite 101
Salt Lake City, UT 84115

4.

NCO Financial Systems Inc.
P.O. Box 4903
Trenton, NJ 08650-4903

5.

SST/Cigpficorp
4315 Pickett Road
Saint Joseph, MO 64503

6.

SST/Synovus
POB 84024
Columbus, GA 31908

CERTIFICATE OF MAILING

I certify that I mailed a true and correct copy of the foregoing mailed, postage prepaid, to this estate as follows (please mark the appropriate line(s):

 x 341 Notice Discharge Notice Plan/Amended Plan

Nov 20, 2014
Date

/s/ Justin Myers
Attorney for Debtor

In re **Scott Maxwell Scadron**

Case No. **14-30968**

Debtor

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx-xxxxxx-x8662 Advanta Business Service POB 9217 Old Bethpage, NY 11804	-	9/2012 Collections				Unknown
Account No. xxxxxxxx0029 Cardworks Servicing 101 Crossways Park West Woodbury, NY 11797	-	1/2004 collections				22,084.00
Account No. xxx2980 Epn Inc. Checknet 2589 S Main Street Suite 101 Salt Lake City, UT 84115	-	6/2012 Collections for Mountian Medical/Sleep & Lung Clinic of Utah				353.00
Account No. xxxx0788 NCO Financial Systems Inc. P.O. Box 4903 Trenton, NJ 08650-4903	-	8/2014 Collections for Synovus FKA Columbus Bank				41,483.00
Subtotal (Total of this page)						63,920.00

1 continuation sheets attached

In re **Scott Maxwell Scadron**

Case No. **14-30968**

Debtor

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D / W I F E / J O I N T / C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 2686*			10/2004				
SST/Cigpficorp 4315 Pickett Road Saint Joseph, MO 64503		-	CC Collections				29,892.00
Account No. xxxxxxxx0005			10/2004				
SST/Synovus POB 84024 Columbus, GA 31908		-	CC Collections				Unknown
Account No.							
Account No.							
Account No.							
Sheet no. 1 of 1 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							29,892.00
Subtotal (Total of this page)							29,892.00
Total (Report on Summary of Schedules)							93,812.00